

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042005

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10343

OCT 24 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **St. Louis**

Length of stay in 1b
16 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **St. Louis Children's**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. STATE **Mo.** b. COUNTY **St. Louis**

c. CITY OR TOWN **Maplewood,**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
2058 Yale

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

(Type or print)

Ralph Leroy Schlesinger Jr.

4. DATE OF DEATH

Month

Day

Year

10-17-63

5. SEX

Male

6. COLOR OR RACE

White

7. Married

Never Married ☒ Divorced ☐

8. DATE OF BIRTH

9-4-63

9. AGE (last birthday)

IF UNDER 1 YEAR

Months **1** Days **13**

10. IF UNDER 24 HR

Hours **1** Min. **13**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
None

10b. KIND OF BUSINESS OR INDUSTRY
None

11. BIRTHPLACE (City and state or country)
St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Ralph Leroy Schlesinger

13b. MOTHER'S MAIDEN NAME

Betty McDaniel

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Helen Eisenbach 500 S Kingshighway

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ASPIRATION OF VOMITUS

INTERVAL BETWEEN ONSET AND DEATH

4 DAYS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

PREMATURITY

SINCE BIRTH

DUE TO (c)

774 X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

UNDIAGNOSED CONGENITAL HEART DISEASE

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour **a.m.** Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **OCT 1/1963** to **OCTOBER 17/63** and last saw her alive on **10/17/63**
Death occurred at **4:00 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)
removal

23b. DATE

10-18-63

23c. NAME OF CEMETERY OR CREMATORY

Bethel Cemetery

23d. LOCATION (City, town, or county)

Pond, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Schrader Funeral Home Ballwin, Mo

25. DATE RECD. BY LOCAL REG.

OCT 17 1963

26. REGISTRAR'S SIGNATURE

Robert Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard Bopp

Licensed Embalmer No. 4584
P. O. Address Bellwin Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.